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1725 Duke Street, Suite 650

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Phone (703) 838-7683/Facsimile (703) 838-7684

E-Mail: [patserv@lacasse-patents.com](mailto:patserv@lacasse-patents.com)**CONFIDENTIAL  
FACSIMILE TRANSMITTAL SHEET****DATE SENT:** August 9, 2005**DELIVER TO:**

**Name:** Examiner Neveen Jalil  
**Company:** USPTO / GAU 2165  
**Fax No:** 571-273-8300

**FROM:** Ramraj Soundararajan**YOUR FILE:** 10/042,366

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PTO/SB/21 (09-04)

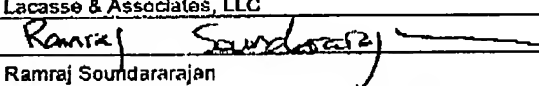
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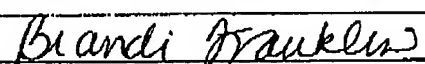
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/042,366
	Filing Date	1/11/2002
	First Named Inventor	Edlund, Stefan B.
	Art Unit	2165
	Examiner Name	Neveen Jalil
Total Number of Pages in This Submission	Attorney Docket Number	ARC920010086US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Lacasse & Associates, LLC		
Signature			
Printed name	Ramraj Soundararajan		
Date	August 9, 2005	Reg. No.	53832

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	Brandi Franklin	Date	August 9, 2005

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ARC920010086031  
10/042,366

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In re Application of: Edlund et al.

Serial No.: 10/042,366

Group Art Unit: 2165

AUG 09 2005

Filed: 1/11/2002

Examiner: Neveen A. Jalil

Title: *System for Estimating the Temporal Validity of Location Reports Through Pattern Analysis*

AMENDMENT

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the outstanding office action of 5/16/2005, please amend the above-identified application as follows: